

How much do you pay for your testosterone? Survey Report

Introduction

The “How much do you pay for your testosterone?” survey invited input from February 5 to December 31, 2006 from self-identified female-to-male transsexual men living in Australia or New Zealand who required testosterone hormone therapy as medication when undergoing sex-affirmation treatment to the male sex.

Background Information

Testosterone treatment

The single most effective affirmation treatment for males identified ‘female’ at birth is an intramuscular injection of 200-250mL of testosterone once every 14-21 days¹. As a cumulative drug, testosterone results in male secondary sexual characteristics which are irreversible² within a relatively short period of time (12 months or less). Over time, physical masculinisation of the body is indistinguishable from that of males identified ‘male’ at birth. Research indicates the majority of these men (97%) have increased levels of satisfaction within themselves³.

Testosterone Cost in Australia and New Zealand

This survey investigated the financial cost of testosterone medication. The price of testosterone hormone medication is different in both countries (Australia and New Zealand).

In Australia the cost of testosterone hormone medication is based on:

1. Eligibility for health care concessions and/or
2. The prescription available to the individual (private or authority)

In New Zealand reduced cost for pharmaceutical medication is based on:

1. The individual’s eligibility of health care concessions and
2. Income status.

Australia: Cost of testosterone

Cost of pharmaceutical drugs in Australia is mediated by a national health care system, Health Insurance Commission (HIC). The HIC includes three major national subsidy schemes, Medicare, the Pharmaceutical Benefits Scheme (PBS) and the 30% Private Health Insurance Rebate.

Medicare covers people residing in Australia, those who are Australian citizens, New Zealand citizens (on evidence of a NZ passport to the pharmacist) or holders of permanent visas. The PBS which is part of the Medicare system, provides all Medicare-eligible people access to most prescription medications at a reduced cost⁴. The PBS makes prescribed medication available under a two-tier co-payment system by the PBS – a ‘concessional category’ or a ‘general category’.

The **concessional-category** is available to individuals who receive “certain pensions, benefits or cards administered by the Departments of Family and Children’s Services (FACS) or Veterans’ Affairs (DVA), or who meet certain criteria for being declared to be disadvantaged”⁵. With a concession card, individuals in this category pay approx.

¹ Asscheman and Gooren, 1992; Gooren, 1999; Meyer et al., 1986

² HBIGDA, SOC6, 2001; Kirk, S., 1994; Asscheman and Gooren, 1992; Meyer et al., 1986; Meyer & Reiter, 1979

³ Green and Fleming, 1990

⁴ The Australian Health Care System: An Outline – September 2000, (2000). Commonwealth of Australia. <http://www.health.gov.au/>

⁵ Ibid.

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\$4.90⁶ per item with the Australian Government paying the balance up to the listed price for the drug. Those in the **general-category** pay up to a maximum of \$30.70⁷ per item and the Australian Government pays the balance up to the listed price for the drug.

An additional option available under the PBS to reduce the cost of testosterone medication is through the type of prescription available to an individual. Medical practitioners in Australia can prescribe the hormone under a 'private prescription' or under an 'authority prescription'.

Eligibility for an authority prescription for testosterone requires the individual to be registered in the male sex with Medicare and then practitioners can prescribe under one of three indications for the drug for the patient to access subsidised testosterone under the PBS. Males identified 'female' at birth can correct their sex designation at Medicare with statutory declarations from two medical practitioners that the individual has undergone two irreversible sex affirmation procedures for at least two years. The two irreversible procedures are considered to be surgical procedures (associated with the sexually differentiated aspects of the body, ie., chest reconstruction, hysterectomy, oophorectomy etc) or a surgical procedure and a minimum two years irreversible testosterone treatment. The HIC recognises the hazards associated with female-to-male genital surgeries and does not insist these males undergo *imitative surgeries* such as phalloplasty or metoidioplasty as a prerequisite to correcting the sex-designation to male⁸. Upon registration in the male sex in the Medicare record, males are eligible to receive testosterone on authority prescription.

The pharmaceutical benefit records the cost of testosterone for all testosterone products to be a flat rate of AUD\$30.70 **on authority script**. The only exception is testosterone esters (Sustanon100) which merits a costing to the consumer of up to \$23.33. Males who purchase testosterone under the PBS with a *health care card* (linked to some social security benefits) reduces the price of testosterone further to a flat rate of \$4.90 per script⁹.

The PBS lists the cost for testosterone on a **private script** from \$18.77 to \$194.66¹⁰.

New Zealand: Cost of testosterone

Health care in New Zealand is administered by the Ministry of Health (MOH) as a Government body which disperses the responsibilities amongst 21 District Health Boards (DHBs) across the country. Health services funded by the New Zealand government provides for free public hospital services, pharmaceutical subsidies and support services for people with disabilities.

Subsidised pharmaceutical medication is available to all New Zealand residents, citizens, work permit holders and Australians resident in New Zealand at a cost of the item or NZD\$15, whichever is the lesser amount.

An additional option is available for people on low incomes through the use of a **community services card** (also known as the *Health Card*, *Exemption Card* or *Discount Card*)¹¹. This card provides eligibility for a further pharmaceutical subsidy to \$3 per item.

Testosterone prescription in New Zealand is available on authorisation from an endocrinologist or occasionally by a GP. The prescription provided by the medical practitioner is priced at \$15 for a three month supply regardless of dosage or frequency.

⁶ From the 1 January, 2007 – PBS website

⁷ Ibid.

⁸ Men's Australian Network, Correspondence from the Health Insurance Commission, May 2000

⁹ Reported on the 1 March 2007 Schedule of Pharmaceutical Benefits online <http://www.pbs.gov.au/>

¹⁰ Costs in this section based on the 1 March 2007 Schedule of Pharmaceutical Benefits online <http://www.pbs.gov.au/>

¹¹ New Zealand Government Ministry of Health website – <http://www.moh.govt.nz/>

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Factors not relevant to the New Zealand respondents include

- sex-designation
- testosterone product (gel, implant, injection etc) and
- the geographical place of purchase.

Survey Results

Participants

Participants were primarily sourced through the membership of the FTM Australia network (Men's Ts Resources in Australia) via the website and email discussion group of the network. Information about the survey was placed on local internet email groups in Australia and New Zealand.

A total of 220 surveys were posted out to members with the March 2006 newsletter 'Torque'. Members were encouraged to ask friends or personal contacts who fit the participant profile to participate in the survey.

Eighty-nine self-identified female-to-male transsexual men taking testosterone as part of their treatment process responded to the survey. Eight respondents indicated they were based outside Australia or New Zealand (USA and Korea) and these were excluded from this study, providing a total 81 participants living in Australia and New Zealand.

The survey was available for completion online from 5 February 2006 via the internet service www.surveymonkey.com. Both the online and hard copy (offline) versions were identical. The survey closed on 31 December 2006.

Survey design

The survey consisted of 10 questions divided into four sections:

- Introduction.
- Section 1 collected data on respondent demographics.
- Section 2 asked details about testosterone purchase.
- Section 3 requested participants to rate the importance of factors involved in deciding where to purchased their testosterone.
- Section 4 offered respondents an opportunity to make further comments.

[Appendix 1- Survey Questions](#)

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Section 1 – ‘About you as a respondent to this survey’

1. Geographical

Most respondents (87.6%) indicated they were lived in Australia. The remaining ten (12.4%) indicated they lived in NZ.

All 81 respondents responded to the statement “I am in this area of New Zealand or Australia” by marking the appropriate state, North or South Island of New Zealand.

Table 1. I am in this area of New Zealand or Australia

	Response Percent	Response Total
ACT (Australia)	4.9%	4
NSW (Australia)	33.3%	27
NT (Australia)	1.2%	1
QLD (Australia)	11.1%	9
SA (Australia)	13.6%	11
TAS (Australia)	1.2%	1
VIC (Australia)	14.8%	12
WA (Australia)	7.4%	6
North Island (NZ)	9.9%	8
South Island (NZ)	2.5%	2
Other	0%	0
Total Respondents		81
(skipped this question)		0

2. Form of purchase

Most respondents (89.9%) indicated they purchased their medication over-the-counter from a chemist/pharmacy. Two participants indicated they purchased from an online chemist/pharmacy service while the remaining six respondents said they fluctuated between the two options.

Two respondents skipped this query resulting in a total of 79 respondents who responded to the statement “I purchase from...”

Table 2. I purchase from...

	Response Percent	Response Total
a chemist/ pharmacy face to face.	89.9%	71
an online chemist/ pharmacy.	2.5%	2
sometimes from a chemist/ pharmacy face-to-face, sometimes at an online chemist/ pharmacy.	7.6%	6
Total Respondents		79
(skipped this question)		2

3. Sex-designation at Medicare

Most Australian-based respondents (60%) reported they were registered in the female sex with Medicare. The remaining 28 (40%) Australian respondents indicted they were registered in the male sex.

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All 81 participants responded to the statement “I am registered with Medicare (at the present time) as...” by marking either ‘female’, ‘male’ or ‘not applicable I’m in New Zealand’. Eleven participants (13.6%) indicated they were living in New Zealand and this question was not applicable to them.

Table 3. I am registered with Medicare (at the present time) as....

	Response Percent	Response Total
Female.	51.9%	42
Male.	34.6%	28
(Not applicable) - I'm in New Zealand.	13.6%	11
Total Respondents		81
(skipped this question)		0

4. Authority-script

The majority of Australian-based respondents (53 %) reported they did not receive testosterone on approval on the PBS. The remaining 32 (47%) Australian respondents indicated they were prescribed testosterone on approval prescription as part of the PBS in Australia.

A total 79 respondents marked either ‘yes’, ‘no’ or ‘not applicable I’m in New Zealand’ in response to the statement “I receive testosterone on approval on the Pharmaceutical Benefits Scheme (PBS) in Australia”. Two respondents skipped this question. Eleven participants indicated this question was not applicable because they lived in New Zealand.

Table 4. I receive testosterone on approval on the Pharmaceutical Benefits Scheme (PBS) in Australia

	Response Percent	Response Total
Yes	40.5%	32
No	45.6%	36
(Not applicable) - I'm in New Zealand	13.9%	11
Total Respondents		79
(skipped this question)		2

5. Social security benefit

The majority of Australian-based respondents (66.6%) reported they did not receive any social security support (CentreLink). The remaining 23 (33.3%) indicated they were in receipt of a CentreLink benefit.

A total 79 respondents marked either ‘yes’, ‘no’ or ‘not applicable I’m in New Zealand’ in response to the statement “I am receipt of a CentreLink benefit (at the present time)”. Two respondents skipped this question. Ten participants indicated this question was not applicable because they lived in New Zealand.

Table 5. I am receipt of a CentreLink benefit (at the present time)...

	Response Percent	Response Total
Yes	29.1%	23
No	58.2%	46
(Not applicable) -	12.7%	10

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I'm in New Zealand

Total Respondents	79
(skipped this question)	2

Section 2 – ‘My testosterone purchase’

The second section titled ‘My testosterone purchase’ was divided into three statements with multiple choice answers relating to the purchase of testosterone medication.

6. Testosterone Product

In response to the statement “The type of testosterone I normally buy is...” 70 of 81 (86%) participants selected the testosterone product they use from a list of seven options:

- Sustanon 100
- Sustanon 250
- Primoteston Depot 250
- Testosterone Pellets (Implants)
- Androderm
- Testogel
- Other

58 of 70 respondents, (83%), reported they purchased an injectable form of testosterone (‘Sustanon100’, ‘Sustanon250’ or ‘Primoteston Depot250’). Seven (10%) indicated they accessed the pellet (implant) form and four (5.7%) said they used Testogel.

None reported using the testosterone patch Androderm. Two indicated they used another testosterone product, not listed - Andriol - Testosterone Undecanoate (40mg per capsule).

Table 6. The type of testosterone I normally buy is...

	Response Percent	Response Total
Sustanon 100	10%	7
Sustanon 250	50%	35
Primoteston Depot 250	21.4%	15
Testosterone Pellets (Implants)	10%	7
Androderm	0%	0
Testogel	5.7%	4
Other	2.9%	2
Total Respondents		70
(skipped this question)		11

7. Price and quantity/dose

Respondents were asked to indicate price paid for testosterone in Australian dollars and related quantity/dose (how many vials/injections/patches)

Only one of seven New Zealand respondents reported price in AUD. Therefore results are given in AUD for Australian respondents and in NZD for New Zealand respondents.

Sixty-three out of 71 Australian respondents reported they paid AUD\$3.20 to AUD\$202.00, while seven out of the eleven New Zealand respondents reported costs ranging from NZD\$2.50 to NZD\$15.00.

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[See Appendix 2. Reported purchase price of testosterone among 70 Australian and New Zealand consumers.](#)

8. Frequency of testosterone administration

Seven multiple choice options included:

- One week
- Two weeks
- Three weeks
- One month
- About six weeks
- About eight months.
- Other

Seventy of 81 participants (86%) answered this question. The majority of respondents (n=27, 38.6%) reported they used their medication within about six weeks of purchase. The remaining 43 (61.4%) reported time periods ranged across the remaining six options. Nine respondents (12.9%) indicated a range of other time periods: 12-13 weeks, nine weeks, three weeks per shot, and 12 weeks. Five New Zealand respondents reported they used their testosterone within three months of purchase.

Table 7. I use this amount of testosterone within approximately...

	Response Percent	Response Total
one week	1.4%	1
two weeks	8.6%	6
three weeks	8.6%	6
one month	14.3%	10
about 6 weeks	38.6%	27
about 8 month	7.1%	5
six month	8.6%	6
other	12.9%	9
Total Respondents		70
(skipped this question)		11

Section 3 – ‘Please rate the importance of the following factors in your decision to obtain your testosterone’

This part of the survey examined potential issues influencing participants’ purchasing decisions. Respondents were asked to rate importance on a four-scale rating from ‘Very Important’, ‘Important’, ‘Somewhat Important and ‘Not Important’ against nine options.

Nine multiple choice answers on purchasing options were:

- Physical access to the pharmacy/chemist
- Proximity of the pharmacy/chemist to my home/work/place of study
- Relationship with the pharmacy/chemist I purchase from
- The price a specific pharmacy/chemist can offer me
- Privacy of information with a particular pharmacy/chemist
- Medical service through a hospital or research facility
- Chemist/pharmacy services scripts for other men on testosterone like me
- Chemist/pharmacy can fill my script same day within the hour
- Location of chemist/pharmacy in area I pick up other things like groceries.

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Sixty-eight of 81 participants answered this question. 36 of 67 (54%) participants rated proximity of the pharmacy/chemist to my home/work/place of study as having the greatest influence on their decisions about obtaining their medication. ('very important'), while 28 (42%) rated access to a medical service through a hospital or research facility as least important.

[See Appendix 3. Factors affecting decisions about obtaining testosterone.](#)

Section 4 – 'What have we missed?'

A total of 24 comments were made in this section.

The most common were remarks from Australian respondents about online pharmacy services while remarks from New Zealand respondents were about the New Zealand pharmaceutical health system.

[See Appendix 4. Other comments from respondents.](#)

Conclusion

The cost of testosterone varied between the Australia and New Zealand as well as within Australia. Factors contributing to differences in price were access to subsidised testosterone (New Zealand and Australia), a further discount for health care card holders (New Zealand and Australia), and access to subsidised testosterone with authority prescription (Australia).

Male-registered group

28 Australian respondents reported they were registered in the male sex at Medicare and this group were eligible to purchase testosterone on authority prescription at a reduced price. However 11 respondents of this 28 'male-registered group' reported they did not purchase their testosterone on authority prescription, leaving only 17 'male-registered' respondents purchasing testosterone at a reduced price on authority prescription.

The average cost to the 'male-registered' group accessing testosterone on authority (n=17) was \$14.08 per prescription. Nine of these respondents stated they also had a health care card and their average price per prescription was \$7.62.

The average cost to the 'male-registered' group accessing testosterone without authority (n=11) was \$59.55 per prescription. None of this group reported lower costs associated with accessing subsidised testosterone and eligibility of a health care card.

Female registered group

42 Australian respondents reported they were registered in the female sex at Medicare) and as such were ineligible to purchase testosterone on authority script at a reduced price. However 15 respondents of this 'female-registered group' reported they still obtained authority prescription from their GP.

The average cost to the 27 respondents of the 'female-registered' group purchasing testosterone without authority prescription was \$31.83 per prescription. Eight respondents from this group of 27 stated they also had a health card which resulted in a higher average cost of \$33.78.

The average cost to the 'female-registered' group accessing testosterone with authority (n=15) was AUD \$28.27 per prescription. Respondents stating they also had a health card (n=4) reported an average price per prescription of AUD\$4.52.

Table 8. Cost of testosterone to Australian respondents

Medicare Sex-Designation	Female (42)	Male (28)
Authority Script	\$28.27 per script (with conc. \$4.52 per script)	\$14.08 per script. (with conc. \$7.62 per script)
Private Script	\$31.83 per script (with conc. \$33.78 per script)	\$59.55 per script (no conc. reported)

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Australian respondents without an authority prescription reported a variation in cost depending on the testosterone product they purchased. The pharmaceutical schedule reports testosterone subcutaneous implant 200 mg as the most expensive product at AUD\$194.66 each and the intramuscular injection Sustanon100 at AUD\$18.77 as the least expensive. The recently available intramuscular injection Reandron1000 priced at AUD\$146.14, testosterone gel priced at AUD\$93.85 and transdermal patches (both 12.2 mg and 24.3mg) priced at AUD\$94.57 without an authority prescription.

In comparison, New Zealand respondents were able to access a flat-rate of NZD\$15 per prescription (or NZD\$2.50 concession) regardless of number of vials, injections or frequency of dose.

Online purchase prices reported by respondents did not vary noticeably compared to over-the-counter purchase prices.

The overall majority of all respondents, 58 of 70 respondents (83%), reported purchasing an injectable form of testosterone.

Of the 66-68 respondents who rated factors influencing their decision to purchase their medication, the proximity of the vendor to the respondent emerged as the chief influence. Physical access, privacy of personal information and price offered was also uppermost in the decision when deciding where to purchase. Many respondents preferred a chemist/pharmacy which could fill their prescription within the hour. Many respondents did not consider the provision of service through a medical facility to be influential on their purchasing choices or whether there were other men like themselves accessing the same chemist/pharmacy.

Australian respondents reported purchasing testosterone on authority prescription with the added eligibility of a health care card to be most cost effective.

Likewise, New Zealand respondents reported purchase of their medication to be most cost effective with a health benefit card.

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